

Hatton Lea Nursing Home Care Home Service

2 Reema Road
Bellshill
ML4 1RR

Telephone: 01698 748 258

Type of inspection:
Unannounced

Completed on:
9 April 2025

Service provided by:
HC-One No. 1 Limited

Service provider number:
SP2016012770

Service no:
CS2016349817

About the service

Hatton Lea Nursing Home is a home registered for 150 older people, 90 of whom may have mental health problems. The provider is HC-One Oval Limited.

Hatton Lea Nursing Home is housed in five separate purpose-built bungalows that can accommodate 30 people. Currently, only two units are in operation. These two units are for older people either living with dementia or physical frailty and are funded using mainstream funding methods.

There were 43 people living in the care home.

About the inspection

This was an unannounced inspection which took place on 7 - 9 April 2025 between 09:00 and 20:45. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spent time with 17 people using the service and spoke with eight of their families that were visiting. We also obtained feedback via a pre-inspection questionnaire from seven residents and three families.
- Spoke with 23 staff and management, along with feedback via a pre-inspection questionnaire from 13 staff.
- Observed practice and daily life.
- Reviewed documents.
- Obtained feedback from two visiting professionals.

Key messages

- The majority of people living in the care home and their families were happy with the care and support.
- People's health needs were escalated to other health professionals when needed.
- Requirement was needed around supporting people who were at risk of malnutrition.
- People living in the care home and staff benefited from a warm atmosphere because there were good working relationships.
- Quality assurance systems should be improved to ensure they are meaningful and drive improvement.
- Personal plans should be reviewed to ensure that they accurately reflect people's current care and support needs.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed weaknesses.

The majority of people living in the care home and their families were happy with the care and support, with three families expressing some negative comments. One person told us, "It's ok living here, I can choose when I want to get up". Whilst another explained, "It's not home, but there's nothing that they could be doing differently". Family comments included, "I have no concerns about the care, my relative is well looked after", "my relative is always clean and tidy" and "The first two years my relative was clean and tidy, but it's deteriorated after that".

Overall, we observed people to be clean, tidy, and well presented as staff had taken time to ensure that people maintained their dignity and sense of wellbeing.

The standard of care and support planning was inconsistent and did not always accurately reflect people's current care and support needs. This meant that staff did not always have the correct information to follow. See area for improvement under key question 5 "How well is our care and support planned?".

People enjoyed their meals in an unhurried, relaxed atmosphere at a place of their choosing. They were supported to select from a variety of meals, snacks, and drinks. Whilst most people seemed to enjoy the meals, several felt that these could be improved. One person told us, "I enjoy the meals here and if I don't like what's on, they will make me something else", whilst another explained, "The food's not good, lunch is mainly soup and sandwiches, but the soup can be rotten and cold". The service had just changed to their summer menu and the manager assured us that they would monitor feedback.

We were concerned that people's nutrition and hydration needs were not properly being met. The service used the Malnutrition Universal Screening Tool (MUST) to identify people who may be at risk. However, expected actions for people who were then identified as at risk were not being followed. This included the omission of providing a daily fortified diet, consistently recording the administration of prescribed supplements and inadequate monitoring of people's intake. Quality assurance systems around nutrition contained incorrect information, therefore making them ineffective (see requirement 1).

People could be assured that the service liaised with external healthcare professionals as and when needed including GP, falls team and community mental health team.

People's wellbeing, mobility and confidence were enhanced as the service promoted a person-centred approach to managing and preventing falls and fractures. They liaised with the local falls prevention team as needed.

Overall, people could be assured that they received their medications as prescribed. A review was needed around the length of time taken for the morning medication administration as we observed this to carry on until midday. This led to some medications that people received throughout the day not always being received at the right time. We were assured that this would be prioritised.

Requirements

1. By 29 June 2025, the provider must ensure people are supported to have food and drink that meets their needs and wishes.

To do this the provider must, as a minimum, ensure that:

- a) People identified as having a MUST score of 1 or above and therefore at risk of malnutrition are offered a food fortified diet throughout the day.
- b) Staff are trained in food fortification and how to support people to eat and drink well.
- c) Food and fluid charts are completed and retained to allow for further assessment and to provide evidence that first line interventions have been implemented.

This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed weaknesses.

Since the last inspection, the service had gone through significant changes due to three of the five units being closed. This had meant changes to the management structure as although staff may have been in the same leadership role, it had not necessarily been within their current units. This meant that leaders at all levels needed to have a more robust and clearer understanding of their role in monitoring practice and identifying, directing and supporting improvement activities.

Whilst the provider had a comprehensive quality assurance system, the management team were not fully working within these. The approaches taken following any meetings and audits were not sufficiently detailed to demonstrate the impact of any planned improvement. Information around nutrition under key question 1 "How well do we support people's wellbeing?" is also relevant here (see area for improvement 1).

There was an overall service improvement plan in place which identified planned actions to drive improvement, however, this needed to be more comprehensive and tie in with actions identified from audits and meetings.

People could be assured that any formal complaints raised with management would be responded to following their complaints policy, which include receiving a formal outcome letter.

Staff told us that they felt supported and could go and speak to senior staff or management if they had any ideas or concerns and would be listened to.

Areas for improvement

1. To promote good outcomes and to minimise the risk of poor outcomes, the service should ensure that governance and oversight systems in place to identify risks contain correct and up to date information.

Staff should have the skills, capacity and systems in place to identify risks, plan appropriate actions to address these and drive improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Since the last inspection, the service had gone through significant changes due to three of the five units being closed. This had meant changes to the staffing teams as although staff may have worked within the care home, it had not necessarily been within their current units. Staff were still coming together as a team, with some feeling more settled than others. That said, everyone felt that there was good team working and that everything was now settling down.

People living in the care home and staff benefited from a warm atmosphere because there were good working relationships. One person told us, "Staff do their best, they're good fun when they have spare time", whilst another felt, "Staff are brilliant - over worked, never seen a crowd work the way they do in here". Relatives were also very positive about staff with one explaining, "staff are lovely and are all approachable", whilst another told us, "There has been changes recently, but they are all good....the international staff are so nice, polite and friendly". We did speak to three sets of families that felt communication could better around ensuring all aspects of their loved ones care was carried out. These families still shared positive feedback about the staff overall, but did have a few negative comments.

During the inspection, there were 17 empty beds across both units. Staff explained that current staffing levels allowed them to carry out all aspects of care and support for people. However, they explained that when the occupancy had been higher recently, they had struggled at times. They were concerned that when the units filled up again, that staffing would not be adequate. Some staff explained that prior to the three units closing, they were assured that there would be four staff in each unit overnight, but there was usually three. We discussed this at feedback and the regional director agreed and assured us that there would be four staff overnight per unit as once occupancy increased again.

In Belvidere Unit, staff and residents explained that there were certain times during the day when there could be longer than usual waits to go to the toilet and asked the service to review this.

Whilst the numbers and skill mix of staff had been determined by a process of continuous assessment featuring a range of measures, we discussed aspects which could support them to act in accordance with the Health and Care (staffing)(Scotland) Act 2019.

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from a comfortable, warm and homely environment where residents were able to sit and chat to each other. They were able to move around the care home as they wished and choose where to spend their day.

The environment was clean and tidy, with no evidence of intrusive smells. Systems were in place to ensure that repairs were managed efficiently.

The provider had recently refurbished the communal areas which people, their families and staff all spoke very positively about. This had given people a boost following the three unit closures, with a garden project next on the plans. Residents were involved in this and looking forward to it.

People could be assured that the care home supported the inclusion of families and friends and promoted and supported families to take their relatives out.

People were encouraged to personalise their bedrooms how they liked with photos, ornaments and other aspects that were familiar to them.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed weaknesses.

Whilst people could be assured that they had an individualised care plan in place to guide staff, when we sampled these we found that care plans were inconsistent and did not always reflect the outcome of recent risk assessments and/or other changes for people since they had been originally written. Similarly, although the care plans were reviewed monthly, these were also inconsistent as staff had reviewed them as being up to date, even when they were not.

Improvement was needed, to ensure that personal plans were kept up to date and accurately reflected the care and support that each person should have provided by staff. This was a risk to people, especially as the service had recently had staff changes and some staff told us that they were still getting to know all aspects for people (see area for improvement 1).

Supporting legal documentation was in place to ensure people were protected and their rights were upheld.

The majority of six monthly care reviews had been carried out in line with legislation, with plans in place to catch up with those that were behind. This gave people and their families an opportunity to give feedback about living at Hatton Lea and discuss any suggestions or concerns that they may have.

Areas for improvement

1. To support people's health and wellbeing and improve the quality of their day, the provider should make sure that each service user has a personal plan in place, to guide staff on how to care and support them, and that completed risk assessments are used to inform each residents personal plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices". (HSCS 1.15)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people to have a more dignified life, the service should consider how they can introduce ensuite facilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people." (HSCS 5.28)

This area for improvement was made on 24 May 2024.

Action taken since then

The provider, HC One, had considered ensuites, but were not in a position to put these in place either currently or in the imminent future. Communal toilets had been part of the recent refurbishment and were modern, clean and homely. There were ample communal toilets for people to use. People who preferred or needed a commode in their bedroom, had these. Vanity units in bedrooms were on the providers plans for upgrading as some were tired and chipped or marked. No one we spoke with during the inspection raised any issues around this aspect for people.

This area for improvement has been met.

Previous area for improvement 2

To ensure people's health and wellbeing, the provider should ensure that when people experience stress and distress, their personal plan provides staff with clear instruction and guidance on how to keep people safe.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices".

This area for improvement was made on 13 February 2025.

Action taken since then

This was made following a partially upheld complaint. Since then the service has put these in place for people. We sampled these and found they contained a good level of detail to guide staff on how best to support people at times of stress and distress.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.